

**PATENT**/Docket No. PC11839A

Serial No. 10/010,651

Page 2

Response to 12/16/2005 Office Action

Petition for Extension of Time Pursuant to 37 C.F.R. 1.136(a)

Pursuant to the provisions of 37 C.F.R. 1.136(a), it is requested that the term for response to the Examiner's Action in this application, mailed on 12/16/2004, and having an original period for response of 3 months, which was set to expire on March 16, 2005, be extended by 3 months, such that it expires on June 16, 2005.

The Commissioner is hereby authorized to charge the amount of \$1020 as provided for under 37 C.F.R. 1.17, as well as any additional fees required, or to credit any overpayment to Deposit Account No. 16-1445.

FORM PTORSP  
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Approved for use through 10/31/2002. OMB 0651-0031

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional)								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">In re Application of <b>HR Howard, Jr.</b></td> </tr> <tr> <td style="padding: 5px;">Application Number <b>10/010651</b></td> <td style="padding: 5px;">Filed <b>December 6, 2</b></td> </tr> <tr> <td colspan="2" style="padding: 5px;">For <b>Combination Treatment for Anxiety, Depression, Obsessive Compulsive Disorder and Psychosis</b></td> </tr> <tr> <td style="padding: 5px;">Group Art Unit <b>1624</b></td> <td style="padding: 5px;">Examiner <b>Deepak Rao</b></td> </tr> </table>			In re Application of <b>HR Howard, Jr.</b>		Application Number <b>10/010651</b>	Filed <b>December 6, 2</b>	For <b>Combination Treatment for Anxiety, Depression, Obsessive Compulsive Disorder and Psychosis</b>		Group Art Unit <b>1624</b>	Examiner <b>Deepak Rao</b>
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) </div> <div style="width: 15%; text-align: right;"> \$ _____  \$ _____  \$ <b>1020.00</b>  \$ _____  \$ _____ </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.  <input type="checkbox"/> A check in the amount of the fee is enclosed.  <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>16-1445</u>.  I have enclosed a duplicate copy of this sheet. </div> <div style="margin-top: 10px;"> I am the <input type="checkbox"/> applicant/inventor  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  <input checked="" type="checkbox"/> attorney or agent of record.  <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).  Registration number if acting under 37 CFR 1.34(a) _____ </div>										
<p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <p><u>June 15, 2005</u></p> <p>Date</p> </div> <div style="width: 50%; text-align: center;"> <p></p> <p>Signature</p> <hr style="width: 80%; margin: 5px auto;"/> <p><b>Mary J. Hosley</b></p> <p>Typed or printed name</p> </div> </div> <p style="font-size: small; margin-top: 20px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> Total of _____ forms are submitted. </div>										

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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